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Abstract

Background: 'HVSLWH H[WHQVLYH LQYHVWLJDWLRQ RYHU WKH ODVW VHYHUDO GHF SDUDO\VLV KDV EHHQ LGHQWL¿HG LQ ZKLFK LW¶V 3UHVHQFH RI KDV EHHQ VHOGR +,9 SDWLHQWV 7KH DLP RI WKLV VWXG\ ZDV WR HYDOXDWH WKH SUHYDOHQFH D patients.

Method: ,W LV D UHWURVSHFWLYH VWXG\ $ WRWDO RI SDWLHQWV ZKR ZHUH GL January 2003 to December 2009. The descriptive statistics of mean/SD and percentage were used to summarize WKH GDWD DJH VH[+,9 VWDWXV DQG FOLQLFDO SUHVHQWDWLRQV REWDLQHG D used to compare the mean age between sexes.

Result: The age range was 10 to 60 years (mean, 32.38 ± 10.36 years). The female and male participants were of similar age ($p<0.05$) and majority were < 40 years in both sexes. The commonest individual clinical characteristics RI $)3 DPRQJ WKH SDUWLFLSDQWV ZHUH JUDGXDO RQVHW GLVWDO WR SUR[L 146, fever 66 and sensory loss 73, and paraplegia 91. The mean duration of progression of weakness was (10.83 ± 8.58) days.

Conclusion: 7KLV SRSXODWLRQ EDVHG VWXG\ IRXQG WKDW +,9 LV VWURQJO\ DVVRF

Introduction

Human immunode ciency virus (HIV) invades the central nervous system early [1,2]. Neurological manifestations may result from opportunistic infections, neoplasia, the immunological and metabolic response to HIV, iatrogenic causes or co risk factors (e.g., injection drug use), or they may be related directly to HIV itself [2,3].

Although neurological complications in HIV infection are common [4] and neurological dysfunction as the rst manifestation of AIDS has been found in 10 to 20% of symptomatic HIV infections [5]. e presence of Acute Flaccid Paralysis (AFP) has been seldom reported. Despite extensive investigation over the last several decades, no single cause of AFP has been identi ed. Instead, the condition appears to be triggered by a variety of infectious agents, including wild poliovirus [6], non-polio entrovirus [7], campylobacter jejeni, mycoplasma pneumoniae, Epstein-Barr virus, and HIV and certain non infectious antigen as in case of Guillian-Barré Syndrome [8,9].

De ciency in the immune system renders HIV infected patients more susceptible to wide variety of opportunistic infections and malignancies [10]. Complications such as chest infection, endocarditis, stroke and peripheral neuropathy are seen in HIV infected patients that result in functional limitations that lead to muscle atrophy, and reduce muscle physiological properties as seen in other non-HIV infected persons. HIV/AIDS is one of the major causes of mortality in sub-Saharan countries and the survivours end up incapacitated sometimes with disability; nevertheless, this can a ect quality of life [11]. e magnitude of the HIV/AIDS epidemic in Africa has not been documented but available data projections suggested that the epidemic remains uncontrolled and still on increase in sub-Saharan Africa [12]. No national study has estimated the rate of AFP associated with HIV related patients in Nigeria. However, the feasibility of implementing AFP surveillance as complication associated with HIV in Nigeria will depend in part on the background rate of HIV/AIDS infection and to standardized case investigation for classi cation.

Diseases associated with HIV infection in di erent geographic areas may not be the same due to variation in the pathological factors present in the environment and di erence in the genetic susceptibility e in the host [13]. erefore, this current study was designed to provide a clear prevalence and clinical characteristics of AFP associated with HIV related patients.

Method

Two hundred and twenty one patients (88 males and 133 females) with age range between 10 to 60 years were studied at the University o

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